Request for Continued Examination (RCE) Transmittal

Address to: Commissioner for Patents U.S. Patent and Trademark Office Customer Service Window, Mail Stop RCE Randolph Building, 401 Dulany Street Alexandria, VA 22314

Application No.	10/543,168			
Filing Date	July 22, 2005			
First Named Inventor	Jun FUJIMOTO			
Group Art Unit	2878			
Examiner Name	K. Wyatt			
Attomey Docket No.	403450			

T	his	is a	Rec	quest for Continued Examination (RCE) under 3	7 CFR 1.114 of the above-identified application.	
2.	b. Missa. b.	i. ii. ii. ii. ii. ii.	Pre	closed Amendment/Reply Affidavit(s)/Declaration(s) Information Disclosure Statement (IDS) ous spension of action on the above-identified appoints. (Period of suspension shall not exceed olicant claims small entity status. See 37 CFF	iv. vi. plication is r 3 months;	e entered.) Brief previously filed on ☐ Form PTO-1449 ☐ Copies of References listed in Form PTO-1449 (except for U.S. patents and applications) ☐ Other:	
 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. Please charge Deposit Account No. 12-1216 in the total amount indicated below. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.) i. RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e) ii. One-month extension of time fee of \$ 0.00 (37 CFR 1.136 and 1.17) iii. An extension for has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now requested. iv. Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee. v. Suspension of action fee of \$130.00 (37 CFR 1.17(i)) b. Suspensioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.) 							
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED							
Name	(Prii	nt/Ty _l	oe)	Jeffrey A. Wyand	Registrati	tion No. (Attorney/Agent) 29,458	
Signa Addre				Leydilg, Voit & Mayer 700 Thirteenth Street, NW #300 Washington, DC 20005	Date Phone	(202) 737-6770 (telephone) (202) 737-6776 (facsimile)	